MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027672
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 59

FILED JUL 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

	DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.
0542				
20542	2			
3				
4 1				
5 1				
6				
7 0				
8 2				
9332X				
10				
11				
12 2-0				
13 3-0				

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lexington
Length of stay in 1b: lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lexington Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Lexington
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1830 Poplar
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LULA Middle R. Last FAUSS

4. DATE OF DEATH: Month July Day 10, Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: July 10, 1888

9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Lexington, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Rosewall

13b. MOTHER'S MAIDEN NAME: Anna Lambert

14. NAME OF HUSBAND OR WIFE: August J. Fauss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mr. August J. Fauss Lexington, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-3-62, to 7/10/62 and last saw her/him alive on 7/10/62
Death occurred at 3:00 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo W Ward MD M.D.

22b. ADDRESS: Lexington, Mo.

22c. DATE SIGNED: 7/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/12/62

23c. NAME OF CEMETERY OR CREMATORY: Machpelah Cemetery

23d. LOCATION (City, town, or county) (State): Lexington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Vaughn-Walker Lexington, Mo

25. DATE RECD. BY LOCAL REG.: 7-12-62

26. REGISTRAR'S SIGNATURE: Marion E Clark

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Fredericktown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.